

LAKESIDE NURSING & REHABILITATION

7490 156TH ST

CHIPPEWA FALLS 54729 Phone:(715) 723-9341

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 245

Total Licensed Bed Capacity (12/31/04): 245

Number of Residents on 12/31/04: 209

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 250

Corporation

Skilled

No

Yes

Yes

250

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		6.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		56.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	17.2	More Than 4 Years		36.8
Day Services	No	Mental Illness (Org./Psy)	26.8	65 - 74	16.3			-----
Respite Care	No	Mental Illness (Other)	14.4	75 - 84	33.0			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	30.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	3.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	3.3	65 & Over	82.8	-----		
Transportation	No	Cerebrovascular	3.3		-----	RNs		14.5
Referral Service	No	Diabetes	3.3	Gender	%	LPNs		12.6
Other Services	No	Respiratory	9.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.0	Male	48.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	51.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)			Per Diem (\$)	Total Resi- dents	% Of All
Level of Care	No.	%		No.	%		No.	%		No.	%		No.	%		No.	%			
Int. Skilled Care	1	8.3	410	7	4.2	135	2	20.0	361	0	0.0	0	0	0.0	0	0	0.0	0	10	4.8
Skilled Care	11	91.7	345	98	58.3	116	8	80.0	292	18	100.0	165	0	0.0	0	1	100.0	116	136	65.1
Intermediate	---	---	---	51	30.4	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	51	24.4
Limited Care	---	---	---	2	1.2	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	10	6.0	400	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	4.8
Total	12	100.0		168	100.0		10	100.0		18	100.0		0	0.0		1	100.0		209	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	11.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	7.2	64.1	28.7	209
Other Nursing Homes	6.3	Dressing	9.1	59.8	31.1	209
Acute Care Hospitals	80.2	Transferring	24.9	42.1	33.0	209
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.3	43.5	41.1	209
Rehabilitation Hospitals	0.0	Eating	41.6	25.4	33.0	209
Other Locations	1.8	*****				
Total Number of Admissions	111	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.6	Receiving Respiratory Care		18.2
Private Home/No Home Health	40.4	Occ/Freq. Incontinent of Bladder	60.8	Receiving Tracheostomy Care		6.2
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	52.2	Receiving Suctioning		5.7
Other Nursing Homes	17.0			Receiving Ostomy Care		1.4
Acute Care Hospitals	15.7	Mobility		Receiving Tube Feeding		3.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	15.8	Receiving Mechanically Altered Diets		37.3
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	26.9	With Pressure Sores	5.7	Have Advance Directives		96.7
Total Number of Discharges (Including Deaths)	223	With Rashes	5.7	Medications		
				Receiving Psychoactive Drugs		76.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	102.0	88.5	1.15	97.9	1.04	90.5	1.13	88.8	1.15
Current Residents from In-County	55.0	80.0	0.69	83.3	0.66	82.4	0.67	77.4	0.71
Admissions from In-County, Still Residing	3.6	17.8	0.20	26.7	0.13	20.0	0.18	19.4	0.19
Admissions/Average Daily Census	44.4	184.7	0.24	76.8	0.58	156.2	0.28	146.5	0.30
Discharges/Average Daily Census	89.2	188.6	0.47	87.5	1.02	158.4	0.56	148.0	0.60
Discharges To Private Residence/Average Daily Census	36.0	86.2	0.42	34.1	1.06	72.4	0.50	66.9	0.54
Residents Receiving Skilled Care	69.9	95.3	0.73	87.3	0.80	94.7	0.74	89.9	0.78
Residents Aged 65 and Older	82.8	92.4	0.90	86.6	0.96	91.8	0.90	87.9	0.94
Title 19 (Medicaid) Funded Residents	80.4	62.9	1.28	72.7	1.11	62.7	1.28	66.1	1.22
Private Pay Funded Residents	8.6	20.3	0.42	19.2	0.45	23.3	0.37	20.6	0.42
Developmentally Disabled Residents	0.0	0.9	0.00	2.7	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	41.1	31.7	1.30	49.5	0.83	37.3	1.10	33.6	1.22
General Medical Service Residents	34.0	21.2	1.60	20.2	1.68	20.4	1.66	21.1	1.61
Impaired ADL (Mean)	57.0	48.6	1.17	50.0	1.14	48.8	1.17	49.4	1.15
Psychological Problems	76.1	56.4	1.35	65.9	1.15	59.4	1.28	57.7	1.32
Nursing Care Required (Mean)	10.5	6.7	1.58	8.0	1.32	6.9	1.53	7.4	1.42